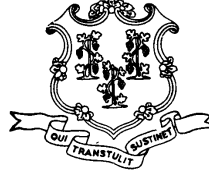


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 FOOD & STANDARDS DIVISION
 Telephone: (860) 713-6160
 Email: food.standards@ct.gov
 Web Site: www.ct.gov/dcp



For Official Use Only

APPLICATION FOR REGISTRATION OF HOME HEATING FUEL DEALER

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. This application must be accompanied by a check or money order for **\$200.00**, made payable to "Treasurer, State of Connecticut."

➔ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Please Check (✓) Type of Fuel Dealer: ☐ Heating Oil ☐ Propane ☐ Both

Name of Business (DBA)			
Street Address	City	State	Zip Code
Name of Parent Company (Corporation, Partnership, LLC, etc.)			
Telephone Number (with area code)	Federal ID Number	Name of Principal Officer in Charge	
Mailing Address (If different than Above)			
Street Address	City	State	Zip Code

1). Does your firm offer or subcontract plumbing and/or heating work service? ☐ Yes ☐ No If yes, you must complete a list of names and license numbers of all persons who perform such work on the reverse side of this application.

2. Has the applicant, or any of the partners or corporate officers ever been convicted of a felony crime? ☐ Yes ☐ No If yes, please provide a statement providing the date(s) of conviction(s), the court(s) where the cases were decided and a description of the circumstances related to each conviction(s).

3. You must provide evidence of general liability insurance coverage and insurance to cover any potential environmental damage due to fuel oil spills caused by a registered dealer which coverage shall not be less than one million dollars. Each registered dealer shall provide the department with evidence of each renewal or change in insurance coverage not later than five (5) days after such renewal or change during the period of registration, which renewal or change shall meet the requirements of this subsection.

I certify that I am authorized to exercise principal authority in the State of Connecticut on behalf of the above applicant. I also subscribe and affirm under penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

 Signature of Applicant

 Date

[illegible]